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maintenance fee notification	ons.		., ., .,		,	F	
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7	590 12/12	/2008	114				
Smith, Gambrell & Russell 1850 M Street, N.W., Suite 800 Washington, DC 20036				Certificate of Mailiog or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's name)	
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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/727,038	0/727,038 12/04/2003		Kazuyuki Mitsuoka		33082M185	4856	
TITLE OF INVENTION: 1	METHOD OF PROCE	SSING AN ORGANIC-F	FILM				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	JE DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/12/2009	
EXAMIN	IER .	ART UNIT	CLASS-SUBCLASS				
SELLMAN, C	ACHET I	1792	427-566000	-			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIGN TOKYO ELECTRO	s an assignee is identi in 37 CFR 3.11. Comp NEE ON LIMITED	fied below, no assignee detion of this form is NO	data will appear on the T a substitute for filing ar (B) RESIDENCE: (CIT Tokyo, J	patent. If an assign n assignment. Y and STATE OR C apan	COUNTRY)	document has been filed for	
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4300 (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims S	•	•	☐ b. Applicant is no lo	nger claiming SMAI	LL ENTITY status. See 37	CFR 1.27(g)(2).	
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Authorized Signature	/Michael A.	Makuch/		Date <u>Ma</u>	rch 9, 2009		
Typed or printed name	Michael A.	Makuch		Registration N	vo. <u>32,263</u>		
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